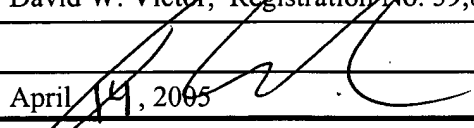


| | | |
|--|------------------------|--------------------|
| TRANSMITTAL FORM | Application Number | 09/981,560 |
| (To be used for correspondence after initial filing) | Filing Date | October 17, 2001 |
| | Inventor | S.N. Hopper et al. |
| | Group Art Unit | 2636 |
| | Examiner Name | Hung T. Nguyen |
| Total Number of Pages in this Submission: 5 | Attorney Docket Number | BLD920010018US1 |

ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ___ sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> Other Enclosure(s) PTOL-85 Part B Fee Transmittal |
|--|--|--|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--|--|
| Firm or Individual Name: | David W. Victor, Registration No. 39,867 |
| Signature: |  |
| Date: | April 14, 2005 |
| KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983 | |
| <input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 50-0563 | |

CERTIFICATE OF MAILING OR TRANSMISSION

| | | |
|--|--|------------------------------|
| I hereby certify that this correspondence is being hand delivered to the United States Patent Office in an envelope addressed: Commissioner for Patents, Alexandria, VA 22313-1450, on the date indicated below: | | |
| Typed or Printed name: | | Customer No. 46918 |
| Signature: | | |
| Date: | | |